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Bib Data Sheet

CONFIRMATION NO. 1647

SERIAL NUMBER 10/034,522	FILING DATE 12/20/2001 RULE	CLASS 424	GROUP ART UNIT 1619	ATTORNEY DOCKET NO. 13498-005002
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APPLICANTS

Thomas J. McMurry, Winchester, MA;
Hironao Sijiki, Gifu, JAPAN;
Daniel M. Scott, Acton, MA;
Randall B. Laufer, Brookline, MA;

** CONTINUING DATA

THIS IS A CIP OF 08/382,317 02/01/1995 ABN
WHICH

** FOREIGN APPLICATIONS

PCT/US96/00164 01/16/1996

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 01/30/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY MA	SHEETS DRAWING	TOTAL CLAIMS 102	INDEPENDENT CLAIMS 28
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ADDRESS

MARK S. ELLINGER, PH.D.
Fish & Richardson P.C., P.A.
Suite 3300
60 South Sixth Street
Minneapolis, MN 55402

TITLE

Diagnostic imaging contrast agents with extended blood retention

FILING FEE RECEIVED 3038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 1647

SERIAL NUMBER 10/034,522	FILING OR 371(c) DATE 12/20/2001 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. 13498-005002
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APPLICANTS

Thomas J. McMurry, Winchester, MA;
 Hironao Sijiki, Gifu, JAPAN;
 Daniel M. Scott, Acton, MA;
 Randall B. Lauffer, Brookline, MA;

** CONTINUING DATA *****

This application is a CON of 08/875,365 12/12/1997 ABN
 which is a 371 of PCT/US96/00164 01/16/1996
 which is a CIP of 08/382,317 02/01/1995 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 01/30/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 102	INDEPENDENT CLAIMS 28
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

26191

TITLE

DIAGNOSTIC IMAGING CONTRAST AGENTS WITH EXTENDED BLOOD RETENTION

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RECEIVED**
3338

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<input type="checkbox"/> 1.18 Fees (Issue)
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